SYNPOSIS

AGE AND MARITAL STATUS AS DETERMINANTS OF SPIRITUAL COMPETENCE AMONGST THE NURSES WORKING IN GOVERNMENT AND PRIVATE HOSPITALS

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Submitted to

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Age and Marital Status Determinants of Spiritual Competence amongst the Nurses Working in Government and Private Hospitals.

I. INTRODUCTION:

Taking care of patients with full dedication and having spirituality towards work is one of rare thing found in nurses/nuns.

Throughout history, several individuals have made it their objective to save lives of other individuals. History established the vital role of nurses in World Wars I and II, and their commitment is unquestionable. After that, A critical role for nurses has always existed and have been on the front lines of both natural and man-made disasters, such as fires, wars, pollution, nuclear explosions, and floods. On March 11, 2020, the World Health Organization proclaimed COVID-19 a global epidemic.

Despite the demanding labor that left them physically and mentally weary throughout the pandemic, nurses demonstrated a dedication to their profession. Despite the challenging circumstances - masks, gloves, gowns, face shields, and social seclusion - In order to assist patients, recover from the virus, nurses provided them with kind care. Nurse supervisors in this situation were proud of the nurses for their bravery, dedication, and teamwork. Due to crucial issues like the spread of the COVID-19 pandemic, the worldwide nursing shortage, legislative action to slow the rise in healthcare expenses, and the rate of medical errors that endanger patient health, nursing dedication is becoming more and more vital nowadays. Nursing is an inclination and an experience, according to study. A desire to serve is a strong motivation to fully commit yourself to serving others in line with one's professional principles.

One of the elements of professional nursing is devotion, and nurses with expertise in it have a solid knowledge about the patient needs, diligently work, and are really motivated to provide competent patient care.

Spiritual care entails providing care that embodies people's cultures and beliefs in response to an assessment of their spiritual requirements and difficulties, and it includes an attitude and behavior shaped by nurses' spiritual nursing values (particularly the affirmation of attributes like human dignity, peace of mind, goodness and benevolence, self-care, warmth, and care for others).

In order to help patients achieve greater physical, mental, social, and spiritual health and comfort, nursing techniques or activities that focus on companionship or caregiving, listening, or religious activities that align with patients' beliefs are also considered to be forms of spiritual care.

The goal of spiritual care is to alleviate patients' struggles on a spiritual level and aid them in discovering their own self-actualization, hope, and ability to love and forgive others while experiencing pain and illness.

II. CONCEPTUAL FRAMEWORK

The conceptual framework consists of following competence:

a. Spiritual Competence:

Also referred to as a type of cultural competence, spiritual competence is concerned with spirituality and religion, more specifically with the personally developed spiritual worldviews of the clients. Hodge (2004) was the one who first put forth the idea.

Clients' spirituality typically informs a diverse array of beliefs and values that intersect service provision, from communication styles to gender and marital interactions to medical care. In the process of addressing client spirituality, social workers often encounter people from diverse religious backgrounds. Spiritual competence is the vehicle that allows practitioners to overcome the obstacles presented by dissimilar value systems. When it comes to spirituality and religion, particularly clients uniquely developed spiritual worldviews, spiritual competence can be thought of as a type of cultural competence.

The first part of spiritual competence is becoming aware of your own value-based worldview, along with its assumptions, limits, and biases. Having an empathic,

strengths-based awareness of the client's spiritual worldview is the second aspect of spiritual competence. The third dimension of spiritual competence is the ability to design and implement interventions that resonate with clients' spiritual worldview.

A. Age:

Age of discretion, age of consent, etc. A time span of human existence, measured in years from the time of birth, that is typically characterized by a specific phase or degree of intellectual or physical development and includes legal accountability and capacity. The legal drinking age was increased by the state from 18 to 21.

An aging workforce has made the prevalent nursing shortage worse. Older nurses are more susceptible to the physical and mental demands of nursing, despite being competent and productive.

B. Marital status:

As a significant portion of healthcare personnel, nurses must have a high quality of life at work in order to provide superb care to their patients. Therefore, the employment routines of nurses should be taken into account. The marital status of nurses influences their work schedules.

III. REVIEW OF LITERATURE

Narayani Srivastava et al (2019) in the study titled, A study of patient satisfaction in the inpatient spine department of a tertiary, multi-specialty hospital seeks to understand the diagnosis and level of experience of patients/relatives who have undergone spinal surgery. The objective of the study was to help hospital methods on how to improve the patient outcome and also aid them in devising methods to provide enriching experiences to their patients. the study's sample size was by utilizing a specifically designed questionnaire, 39 patients and their relatives at the spine surgical unit were interviewed.

The patients were assessed pre and post-surgery and their scores were documented. The study composed of 39 individuals. 92% people were satisfied

with housekeeping services provided, 98% were happy with the clinical outcomes and a total of 95% of people were happy with the performance of staff and nursing personnel. The department of nursing, hygiene and manners of the physician satisfied 90 %, 87 and 84.59 % respectively. However, the department of admission and reception department satisfied only 66%. A compassionate attitude of the health care professionals and concern in interaction goes a long way in making a difference in the accomplishment of a surgery.

Meera Pahuja, et al (2020), in the study titled, a nurse on the frontline against the COVID-19 Pandemic: An Integrative Review explores the issues faced by nurses during their the COVID crisis and how situations like these having a lasting impact of patient satisfaction. It has been stressful and unsteady for the healthcare systems in most countries, and, simultaneously, affects healthcare providers that are fighting on the frontlines to safeguard the lives of everyone affected.

This includes nurses, doctors and many other hospital staff. The consequences of these findings might aid to deliver support and recognize the needs of nurses to guarantee that they can work and respond to such situations with more preparedness and confidence. The recommendation is to support nurses, since they are a critical line of defense. It is important to remember that nurses are the ones who are always in touch with the patients for all their needs. This continuous interaction reflects directly on the quality of patient care. Patients will always remember how they were treated at their most vulnerable moments. If the nurse makes them feel comfortable and make them feel that the situation is under control, it increases the confidence of the patient as well.

Patient satisfaction with otolaryngology virtual visits was investigated by **Kyohei Itamura et al. (2020)** during the COVID-19 Pandemic. It assesses the patient experience during virtual visits that was done during the coronavirus disease 2019 pandemic. Patient experience studies were done from January 1, 2020, to May 1, 2020, for virtual visit and in-person visit. A descriptive analysis of the question responses was performed. A total of 195 virtual and 4013 physical visits were done

during this time. There were poor scores seen in virtual visits. The new norm now is telehealth for health care providers in the United States. This study highlights some of the gaps in telehealth and how these gaps and challenges need to be addressed.

Manasee Mishra et al (2020) in their study social distancing during COVID-19: will it change the Indian society? The study describes how a prolonged observance to guidelines regarding social distancing could impact people in India and the patient experience at hospitals. Social distancing is one of the many public health measures for slowing down community contact among people who are affected by touch or physical closeness. It is a safe method of reducing the spread of the illness in the communities. It is important for safety of the people before vaccines or medications make their appearance. Thus, patients that visit hospitals to get treated for other ailments to have to maintain this decorum with their relatives and HCPs for the safety of everyone, particularly because of their weak immunity and high chance of contracting the infection. Since this behavior pattern maybe something that patients and their relatives are unaccustomed to, it is necessary to explain to them its importance. They should be counseled that though HCPs may maintain social distance, The standard of the care given to the patient will not be lowered in any way.

Thamer A.Bin Traiki (2020) a review of the effects of the COVID-19 pandemic on surgical results and patient satisfaction At a hospital in Saudi Arabia, a retrospective and cross-sectional study was conducted to determine the effect of the COVID-19 pandemic on patient satisfaction and surgical results. It is vital to comprehend the brunt of COVID 19 on several aspects of patient care with regards to the new structures, processes and policies of the organization. The sample size comprised of 331 participants. A total of 223 completed the patient's satisfaction survey. The level of patient satisfaction was encouraging for the study areas. The overall surgical outcomes were ranked good except for few minor complications. The results of the study concluded that all the processes and polices implemented

during the pandemic time was beneficial to the outcomes of patient. A recommendation was made to continue with the same measures.

Research Gap

Patient-centered care in the above literature survey includes physical, mental, social, spiritual and psychological well-being. Hospitals over the years have evolved into a business model like any other industry where professional services are expected to be provided. Accreditation bodies and other stakeholders have put forward their requirements in various ways to define the service standards in the hospital. Service standards include several components such as decorum, etiquette, language proficiency and communication and ensure a high level of customer satisfaction. Patients with high level of satisfaction will remain loyal customers of the organization and will promote the growth of the organization through word of mouth thus increasing the business and profitability. But no specific work has been done so far on age and marital status determinants of spiritual competence among those who care for patients in public and private hospitals as nurses.

IV. RATIONALE

This research aims to was examine the association between nurses opinions of spirituality and spiritual care and demographic factors in private and public hospitals. Acceptable levels of spirituality and belief in spiritual care. It was also found that nurses' perceptions of spirituality and spiritual care improved after receiving spiritual care. It should also be noted that nursing care can be improved by including standardized spiritual care into existing nursing care, training, and teaching. Nurses those are married are found more responsible and caring towards their patients. But unmarried nurses can spend more time towards their duties whereas the married nurses working in both private and government hospital have to take care of their family members. While age is another determinate of spiritual competence among the nurses. Nurses having age between 20 to 30 years are more passionate towards their job, whereas nurses having age between 35 to 45

years are seems to be less active and not so much passionate towards their job.

V. OBJECTIVES OF THE STUDY

The objectives of the study are as follows:

a. To study the impact of Age on spiritual competence amongst those who care for patients in public and private hospitals as nurses.

b. To study the impact of marital status on spiritual competence amongst those who care for patients in public and private hospitals as nurses.

c. To study the interactive effect of age and marital status on spiritual competences amongst the nurses working in Government and private hospitals.

VI. RESEARCH METHOD

The research method uses the following points:

a. The Study:

The present study is an exploratory research.

b. The Sample:

The sample of the study will comprise of 500 respondents from Nurses of Government and private hospitals from Madhya Pradesh.

c. Hypotheses

Based on review of literature and past studies, the following hypotheses are formulated for this study through empirical investigation.

H01: There is no significant impact of Age on spiritual Competence amongst nurses of private and government hospital.

H02: There is no significant impact of marital status on spiritual Competence amongst nurses of private and government hospital.

H03: There is no significant interactive effect of Age and Marital status on spiritual Competence amongst nurses of private and government hospital.

d. Design:2x2x2matrixdesign

The design consists of independent and dependent variable:

Independent Variables:

1.Marital Status

2.Age

3. Types of hospital (Private + and Government)

Dependent Variables:

Spiritual Competence

Marital Status	**Married**		**Unmarried**	
Range of Age	**Government Hospital**	**Private Hospital**	**Government Hospital**	**Private Hospital**
20-30 years	**30**	**30**	**30**	**30**
35-45 years	**30**	**30**	**30**	**30**
Total	60	60	60	**240**

Quadrants represented in 2x2x2 Matrix Design.

Quadrant A:	Married Employees of age group 20-30 years of Government hospitals.
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Quadrant E:	Married Employees of age group 35-45 years of Government hospitals.
Quadrant F:	Married Employees of age group 35-45 years of Private hospitals.
Quadrant G:	Unmarried Employees of age group 35-45 years of Government hospitals.
Quadrant H:	Unmarried Employees of age group 35-45 years of Private hospitals.

e. The Tools

The tools used for the study are as follows:

i. For Independent Variable:

Tools used for Data Collection is Spiritual Competence Scale. It is developed by Dr. Upinder Dhar, Dr. Santosh Dhar and Dr Rishu Roy (Source: National Psychology Corporation, Bhargava Bhawan, 4/230, Kacheri Ghat, Agra)

ii. For Dependent Variable:

The Statistical Package for Health Department and MS Excel were used as the data analysis tools for the data that was gathered. The inter-cell differences between the independent and dependent variables will be examined using the t-test. Two Way ANOVA test will be applied to find the interactive impact of age and marital status on Spiritual Competence amongst the nurses working in government and private hospitals.

VII. EXPECTED OUTCOMES:

This study will provide a new magnitude to understanding and analyzing the impact of age and marital Status on Spiritual competence of government and Private Health Sector Employees. This research will throw light on the fact that age and marital status as determinants of spiritual competence in employees of health care industries may have influences of various factors like Dedication, self-esteem and motivation while working in health care industry. The findings will provide suggestions for academicians, researchers and health care workers for better understanding of perception and behavior of nurses and also will help in scrutinizing the factors which influences their spiritual competence.

PROPOSED CHAPTER OUTLINE

Chapter 1: CONCEPTUAL FRAMEWORK

Chapter 2: REVIEW OF LITERATURE

Chapter 3: RESEARCH METHOD

Chapter 4: RESULTS

Chapter 5: DISCUSSIONS

Chapter 6: SUMMARY, CONCLUSION AND SUGGESTIONS

Chapter 7: IMPLICATIONS

Chapter 8: REFERENCES

Chapter 9: APPENDICES

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V. OBJECTIVES OF THE STUDY The objectives of the study are as follows: a. To study the impact of Age on spiritual competence amongst those who care for patients in public and private hospitals as nurses. b. To study the impact of marital status on spiritual competerice amongst those who care for patients in public and private hospitals as nurses. c. To study the interactive effect of age and marital status on spiritual competences amongst the nurses working in Government and private hospitals. VI. RESEARCH METHOD The research method uses the following points: a. The Study: The present study is an exploratory research. b. The Sample: The sample of the study will comprise of 500 respondents from Nurses of Government and private hospitals from Madhya Pradesh. c. Hypotheses Based on review of literature and past studies, the following hypotheses are formulated for this study through empirical investigation. H01: There is no significant impact of Age on spiritual Competence amongst nurses of private and government hospital. H02: There is no significant impact of marital status on spiritual Competence amongst nurses of private and government hospital. H03: There is no significant interactive effect of Age and Marital status on spiritual Competence amongst nurses of private and government hospital. d. Design:2x2x2matrixdesign The design consists of independent and dependent variable Independent Variables: 1.Marital Status 2.Age 3. Types of hospital (Private + and Government) Dependent Variables: Spiritual Competence Marital Status Married Unmarried Range of Age Government Hospital Private Hospital Government Hospital Private Hospital 20-30 years 30 30 30 30 35-45 years 30 30 30 30 Total 60 60 60 240

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e. The Tools The tools used for the study are as follows: i. For Independent Variable: Tools used for Data Collection is Spiritual Competence Scale. It is developed by Dr. Upinder Dhar, Dr. Santosh Dhar and Dr Rishu Roy (Source: National Psychology Corporation, Bhargava Bhawan, 4/230, Kacheri Ghat, Agra) ii. For Dependent Variable: The Statistical Package for Health Department and MS Excel were used as the data analysis tools for the data that was gathered. The inter-cell differences between the independent and dependent variables will be examined using the t-test. Two Way ANOVA test will be applied to find the interactive impact of age and marital status on Spiritual Competence amongst the nurses

The goal of spiritual care is to alleviate patients' struggles on a spiritual level and aid them in discovering their own self-actualization, hope, and ability to love and forgive others while experiencing pain and illness. II. CONCEPTUAL FRAMEWORK The conceptual framework consists of following competence: a. Spiritual Competence: Also referred to as a type of cultural competence, spiritual competence is concerned with spirituality and religion, more specifically with the personally developed spiritual worldviews of the clients. Hodge (2004) was the one who first put forth the idea. Clients' spirituality typically informs a diverse array of beliefs and values that intersect service provision, from communication styles to gender and marital interactions to medical care. In the process of addressing client spirituality, social workers often encounter people from diverse religious backgrounds. Spiritual competence is the vehicle that allows practitioners to overcome the obstacles presented by dissimilar value systems. When it comes to spirituality and religion, particularly clients uniquely developed spiritual worldviews, spiritual competence can be thought of as a type of cultural competence. The first part of spiritual competence is becoming aware of your own value-based worldview, along with its assumptions, limits, and biases. Having an empathic, strengths-based awareness of the client's spiritual worldview is the second aspect of spiritual competence. The third dimension of spiritual competence is the ability to design and implement interventions that resonate with clients' spiritual worldview. A. Age: Age of discretion, age of consent, etc. A time span of human existence, measured in years from the time of birth, that is typically characterized by a specific phase or degree of intellectual or physical development and includes legal accountability and capacity. The legal drinking age was increased by the state from 18 to 21. An aging workforce has made the prevalent nursing shortage worse. Older nurses are more susceptible to the physical and mental demands of nursing, despite being competent and productive. B. Marital status: As a significant portion of healthcare personnel, nurses must have a high quality of life at work in order to provide superb care to their patients. Therefore, the employment routines of nurses should be taken into account. The marital status of nurses influences their work schedules. III. REVIEW OF LITERATURE Narayani Srivastava et al (2019) in the study titled, A study of patient satisfaction in the inpatient spine department of a tertiary, multi-specialty hospital seeks to understand the diagnosis and level of experience of patients/relatives who have undergone spinal surgery. The objective of the study was to help hospital methods on how to improve the patient outcome and also aid them in devising methods to provide enriching experiences to their patients. the study's sample size was by utilizing a specifically designed questionnaire, 39 patients and their relatives at the spine surgical unit were interviewed. The patients were assessed pre and post-surgery and their scores were documented. The study composed of 39 individuals. 92% people were satisfied with housekeeping services provided, 98% were happy with the clinical outcomes and a total of 95% of people were happy with the performance of staff and nursing personnel. The department of nursing, hygiene and manners of the physician satisfied 90 %, 87 and 84.59 % respectively. However, the department of admission and reception department satisfied only 66%. A compassionate attitude of the health care professionals and concern in interaction goes a long way in making a difference in the accomplishment of a surgery. Meera Pahuja, et al (2020), in the study titled, a nurse on the frontline against the COVID-19 Pandemic: An Integrative Review explores the issues faced by nurses during their the COVID crisis and how situations like these having a lasting impact of patient satisfaction. It has been stressful and unsteady for the healthcare systems in most countries, and, simultaneously, affects healthcare providers that are fighting on the frontlines to safeguard the lives of everyone affected. This includes nurses, doctors and many other hospital staff. The consequences of these findings might aid to deliver support and recognize the needs of nurses to guarantee that they can work and respond to such situations with more preparedness and confidence. The recommendation is to support nurses, since they are a critical line of defense. It is important to remember that nurses are the ones who are always in touch with the patients for all their needs. This continuous interaction reflects directly on the quality of patient care. Patients will always remember how they were treated at their most vulnerable moments. If the nurse makes them feel comfortable and make them feel that the situation is under control, it increases the confidence of the patient as well. Patient satisfaction with otolaryngology virtual visits was investigated by Kyohei Itamura et al. (2020) during the COVID-19 Pandemic. It assesses the patient experience during virtual visits that was done during the coronavirus disease 2019 pandemic. Patient experience studies were done from January 1, 2020, to May 1, 2020, for virtual visit and in-person visit. A descriptive analysis of the question responses was performed. A total of 195 virtual and 4013 physical visits were done during this time. There were poor scores seen in virtual visits. The new norm now is telehealth for health care providers in the United States. This study highlights some of the gaps in telehealth and how these gaps and challenges need to be addressed. Manasee Mishra et al (2020) in their study social distancing during COVID-19: will it change the Indian society? The study describes how a prolonged observance to guidelines regarding social distancing could impact people in India and the patient experience at hospitals. Social distancing is one of the many public health measures for slowing

down community contact among people who are affected by touch or physical closeness. It is a safe method of reducing the spread of the illness in the communities. It is important for safety of the people before vaccines or medications make their appearance. Thus, patients that visit hospitals to get treated for other ailments to have to maintain this decorum with their relatives and HCPs for the safety of everyone, particularly because of their weak immunity and high chance of contracting the infection. Since this behavior pattern maybe something that patients and their relatives are unaccustomed to, it is necessary to explain to them its importance. They should be counseled that though HCPs may maintain social distance, The standard of the care given to the patient will not be lowered in any way. Thamer A.Bin Traiki (2020) a review of the effects of the COVID-19 pandemic on surgical results and patient satisfaction At a hospital in Saudi Arabia, a retrospective and cross-sectional study was conducted to determine the effect of the COVID-19 pandemic on patient satisfaction and surgical results. It is vital to comprehend the brunt of COVID 19 on several aspects of patient care with regards to the new structures, processes and policies of the organization. The sample size comprised of 331 participants. A total of 223 completed the patient's satisfaction survey. The level of patient